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FACSIMILE TRANSMITTAL

TO:	FROM:
Name:	Name: Thomas H. Martin, Esq.
Firm: U.S. Patent & Trademark Office	Phone No.: 330-877-2277
Fax No.: 703-872-9302	No. of Pages (including this): 35
Subject: U.S. Patent Application No. 09/768,991 Gary K. Michelson, M.D. Filed: January 23, 2001 INTERBODY SPINAL IMPLANT WITH TRAILING END ADAPTED TO RECEIVE BONE SCREWS (as amended) Attorney Docket No. 101.0101-00000 Customer No. 22882 Confirmation No. 4198	Date: April 5, 2004 Confirmation Copy to Follow: NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$1,058.00 total fee for \$950 three-month extension fee and \$108 additional claims fee charged to Deposit Account No. 50-1066) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on April 5, 2004.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0101-00000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 09/768,991

Filed: January 23, 2001

For: INTERBODY SPINAL IMPLANT WITH
TRAILING END ADAPTED TO RECEIVE
BONE SCREWS (as amended)

Confirmation No.: 4198

Art Unit: 3732

Examiner: P. Philogene

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated October 3, 2003 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a three-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	200	-	184	**	6	LG=\$18 SM=\$9	\$18	\$ 108.00
INDEPENDENT CLAIMS FEE	6	-	6	***	0	LG=\$86 SM=\$43	\$86	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS:					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$145			\$ 0
TOTAL								\$ 108.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ A total fee in the amount of \$1,058.00 (to cover the \$950 three-month extension fee and \$108 additional claims fee) is to be charged to Deposit Account No. 50-1066.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
MARTIN & FERRARO, LLP

Date: May 15, 2002

By: 

Thomas H. Martin

Registration No. 34,383

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